



FPA Agency Outreach Questions

1) Agency Name: _____

2) Primary Contact for TRS (Name, Phone, Email)

3) Does your agency use a Shared Service Provider (SSP) to manage your collections?

____ Yes ____ No

If "yes," which one? _____

Who is your agency's primary contact at the SSP (Name, Phone, Email)?

4) Is your agency a Shared Service Provider? ____ Yes ____ No

If "yes," for how many agencies? _____

Who can we contact in your agency to learn more about your service?

5) Who is your agency's primary contact for (please indicate Name, Email, and Phone):

Collections: _____

Reconciliation: _____

Systems Accounting: _____

Information Technology: _____

5) Does your agency have constraints that would prevent the TRS team from working with you to enroll in TRS during certain months of the year? ____ Yes ____ No

If "yes," what months would be impossible to enroll in TRS? _____

6) Will your agency's use of TRS be coordinated with the department or across agencies?

____ Yes ____ No

If "yes," who is the primary department for that coordination?

7) Name of meeting participant who completed this form: _____